

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000023234	
1. Entity Name SARASOTA DRAINAGE SUPPLY, LLC	
Principal Place of Business 2300 LAUREL ROAD NOKOMIS, FL 34275	Mailing Address 2300 LAUREL ROAD NOKOMIS, FL 34275



04212005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0743522	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GULLEY, TWYLLA 2300 LAUREL ROAD NOKOMIS, FL 34275

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Twylla Gulley*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/15/05
DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GULLEY, TWYLLA 2300 LAUREL ROAD NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WAYNE GULLEY, EARL 2300 LAUREL ROAD NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PALMER, MATT M 290 MT. VERNON DR VENICE, FL 34293
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Twylla Gulley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/15/05
Date

Daytime Phone #